

STATE OF MINNESOTA - RISK MANAGEMENT DIVISION

2011-2012

AUTOMOBILE INSURANCE APPLICATION

(NEW OR RENEWAL)

SECTION 1 - LIABILITY

***For best results, Use the TAB Key to move to each highlighted area, which is to be completed.**

Number of out-of-state miles driven annually

PLEASE DO NOT INCLUDE VEHICLES LEASED OR RENTED FROM FLEET SERVICES.

VEHICLES LEASED FROM COMMERCIAL LEASING FIRMS MAY HAVE TO BE REPORTED. PLEASE REFER TO LEASE AGREEMENT.

<i>ITEM</i>	<i>CLASS CODE #</i>	<i>NUMBER OWNED</i>		<i>NUMBER LEASED</i>
Auto	0448A			
Auto/Police (For State Patrol Use Only)	0449B			
Van - <u>Passenger</u>	0001A			
Van - <u>Cargo</u>	0001C			
Sports Utility Vehicle	0001B			
Vans/Police (For State Patrol Use Only)	0002A			
Ambulances	0003A			
Trucks-light (0-16,000 lbs. GVW)	180			
Trucks-Medium (16,001-26,000 lbs. GVW)	305			
Trucks-Heavy (over 26,001 lbs. GVW)	307			
Bus	0006A			
Motor Homes	0006B			
Mobile Class Rooms	0006C			
Construction / Maintenance Equipment:				
Front End Loader	760			
Excavator/Dragline	770			
Motor Grader	620			
Tractor Loader Backhoe	721			
Skid Steer Loader	727			
Sweepers	980			
Agriculture Tractor (less than 60 HP)	722			
Agriculture Tractor (over 60 HP)	723			
Industrial Tractors	0073A			
Fire Trucks	0351A			
Motorcycles	0008A			
ATV's	0008B			
Snowmobiles	0008C			
Golf Carts	3			
Other Self-Propelled Units/Including Riding Lawnmowers over 30 hp (Don't include Riding Lawnmowers 30 hp and less or Forklifts since they are insured at no charge)	5			

Total

0

0

Trailers	4			
-----------------	----------	--	--	--

SECTION 2 - PHYSICAL DAMAGE COVERAGE

COVERAGE OPTIONS (SELECT ONE OPTION FROM THE LIST):

Physical Damage required by lease. (Please complete the attached Excel Schedule.)	<input type="checkbox"/>
Yes, I am interested in a quotation. (Please complete the attached Excel Schedule.)	<input type="checkbox"/>
No, I do not want Comprehensive & Collision Coverage.	<input type="checkbox"/>
Yes, I want both Comprehensive & Collision Coverage for ALL vehicles.	<input type="checkbox"/>
Yes, I want both Comprehensive & Collision Coverage for SELECTED vehicles.	<input type="checkbox"/>

AMOUNT OF DEDUCTIBLE (SELECT ONE OPTION FROM THE LIST):

Same as expiring - NO CHANGES	<input type="checkbox"/>
\$500 Deductible	<input type="checkbox"/>
\$1,000 Deductible	<input type="checkbox"/>

MAPS/SWIFT INFORMATION

Fund	<input type="text"/>	Activity	<input type="text"/>
Agency	<input type="text"/>	Object	<input type="text"/>
Org/Sub	<input type="text"/>	Revenue Sub	<input type="text"/>
Appropriation	<input type="text"/>		

If you are unable to accept fund transfers, please provide your vendor number

SOLE AUTHORITY

The Risk Management Fund Claims Department will have sole authority with respect to the adjustment, coverage evaluation and valuation of losses.

Agency Code Dates of Coverage: 07/01/2011 to 07/01/2012

State Agency

Name Changes/Consolidation

(If yes, please advise above)

Contact Name Title

Mailing Address

City

State MN Zip

Telephone Fax

Internet/E-mail Address

Risk/Safety Coordinator (name)

Telephone E-mail

If Auto Liability is the only coverage you wish to obtain (not Auto Physical Damage) then **Save** and **FORWARD this** application to the Risk Management Division at: risk.management@state.mn.us

If you are requesting Physical Damage coverage, also complete the attached Excel spreadsheet then **SAVE** and **FORWARD** it back too. (DO NOT REPLY.)